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THE RURAL DISTRICT OF ALTON

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**ANNUAL REPORT**

OF THE

MEDICAL OFFICER OF HEALTH

AND

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1957





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## THE RURAL DISTRICT COUNCIL OF ALTON

Chairman of the Council ..... A. E. Guy, Esq.

Vice-Chairman ..... A. B. Wright, Esq.

### PUBLIC HEALTH COMMITTEE

Chairman of Committee ..... E. H. Lucas, Esq.

Vice-Chairman ..... Mrs. E. J. Champney.

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Commander L. Derek-Jones.	Colonel J. B. Scott, D.L., J.P.
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W. H. Crispe, Esq. ..... Capt. H. J. M. Holmes.

### RURAL DISTRICT REPRESENTATIVES ON THE NO. 7 (ALTON) DISTRICT HEALTH SUB-COMMITTEE

Chairman of Sub-Committee .... Mrs. E. J. Champney.

Vice-Chairman ..... Mrs. C. P. Thomson-Glover.

### MEMBERS

Lady Bonham-Carter	Miss A. M. Littlejohn
The Hon. Mrs. T. Brand	Mrs. N. S. Ryder
Mrs. H. M. Cumberbatch	Countess of Selborne

### PUBLIC HEALTH DEPARTMENT STAFF

Medical Officer of Health - J. Coutts Milne, M.B., Ch.B.,  
D.P.H., D.T.M. & H.

Chief Public Health Inspector and Building Surveyor - A. E. Bennett, C.R.S.I.,  
A.M.Inst.B.E.

Senior Additional Public Health Inspector - J. H. Johnson, C.R.S.I.,  
M.A.P.H.I.

Additional Public Health Inspector and Assistant Building Surveyor - A. L. Wesley, C.R.S.I.,  
M.R.S.H., M.A.P.H.I.

Clerks - P. F. Mercer  
Miss F. M. Dunford

Rodent Operator - J. W. Debenham.

A faint, light-colored watermark of a classical building with four columns and a triangular pediment is visible in the background of the page.

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I N D E X

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ALTON RURAL DISTRICT COUNCIL

Barton End,  
Lenton Street,  
Alton, Hants.

To the Chairman & Members of the Alton Rural District Council.

Ladies and Gentlemen,

I have the honour to present for your information and consideration the Annual Report for the year 1957, compiled according to the directions of the Minister of Health.

The vital statistical figures continue to be satisfactory. Whilst the birth rate is slightly lower than in 1956, it is still higher than the rate for the country as a whole. The death rate, although a fraction higher than last year, has not varied greatly over the past six years. The infant mortality rate is well below that for the previous year and is one of the lowest ever recorded. With the exception of measles, the incidence of the infectious diseases was again low. In the early autumn the district experienced its share of the well-nigh universal influenza epidemic. Nine cases of poliomyelitis occurred; fortunately none was fatal and only two were paralytic in type. The poliomyelitis vaccination programme was continued but at a much slower rate than one would have wished.

I am grateful to the Chairman and Members of the Public Health Committee for their encouragement and help; to Mr. Holden, the Clerk of the Council; to Mr. Bennett, the Chief Public Health Inspector, and the Staff of the Public Health Department for their ready assistance, enabling me to carry out my duties.

*John W. W. W.*  
Medical Officer of Health  
ALTON RURAL DISTRICT COUNCIL



## GENERAL REPORT OF THE MEDICAL OFFICER OF HEALTH

ALTON RURAL DISTRICT

The Alton Rural District, situated in North-East Hampshire, comprises nearly one parish and has its administrative centre in Alton. The District is essentially an agricultural one, well known for its hopfields, fruit and poultry farms.

The population of the District as estimated by the Registrar General for mid 1957 was 25,750. This shows an increase of 40 over the 1956 figure. The natural increase of births over deaths amounted to 201.

BIRTH AND DEATH RATES

During the year there were 430 live births, representing a birth rate of 16.7 per 1,000 of the population compared with the average of 17.5 per 1,000 for the previous quinquennium 1952-56 and 20.3 for the quinquennium 1947-51 indicating a decreasing trend. The comparability factor given by the Registrar General, which when applied to the local rate gives a figure which can be compared with the rates for other areas, is 1.16 for births, giving an adjusted rate of 19.1 which compares with the rate of 16.1 (provisional) for England and Wales as a whole. 29 illegitimate births were recorded, being about 6.7% of the total births.

The 229 deaths represent a crude death rate of 8.8 per 1,000 of the population, compared with the average of 9.0 per 1,000 for the previous quinquennium and of 12.1 for the quinquennium 1947-51. The comparability factor is 1.10 and this gives an adjusted rate of 9.7 which compares with that of 11.5 for England and Wales.

INFANT MORTALITY RATE

There were five deaths in children under one year, three of them being less than 4 weeks old. The infant mortality rate is 11.6 per 1,000 related births compared with a rate of 20.8 for the previous quinquennium and of 36.8 for the quinquennium 1947-51, and with a rate of 23.0 for England and Wales, the lowest ever recorded for the country.

The still birth rate is 18.2 per 1,000 births (England and Wales 22.4). There was one death arising from childbirth.

CANCER

47 deaths in the District were recorded from cancer of various types, 25 were males and 22 females. Ten of the deaths were due to cancer of the lungs and bronchus: 8 males and 2 males. These figures are relatively small and not apparently significant but those for the country as a whole continue to give rise for concern. In England and Wales cancer continues to be responsible for an increasing number of deaths - 92,710 in 1956 compared with 77,516 ten years earlier. About one-fifth (18.1%) of the deaths in 1956 were due to lung cancer; 15,615 being males and 2,571 females - a ratio of 6 to 1.

In July, 1957, the Ministry of Health circularised all Local Authorities in England drawing attention to the special report of the Medical Research Council, on the subject of smoking and cancer of the lung, in which they concluded that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking, adding that it is the Government's intention that this opinion should be brought effectively to public notice so that everyone may know the risks involved in smoking and the individual who smokes can then make up his or her own mind. Criticism of the Medical Research Council opinion has been made by the Tobacco Manufacturers Standing Committee, mainly because the evidence in the matter has been obtained by observations rather than from controlled human experiments and is not supported by laboratory proof.

But a Medical Officer of Health has to be empirical and cannot wait for scientific proof of the causation of a disease which he regards as a danger to health; hence my confirmed harping on a subject which smokers may feel be better left alone.

#### CORONARY DISEASE

37 deaths were recorded from this disease - 27 male and 10 female. Much research has been carried out in recent years into the causation of coronary heart disease - a disease which is becoming increasingly important as a major cause of death in middle-aged men. One view, which has gained considerable support, is that a diet rich in animal fat is responsible for an increase of a substance called cholesterol in the blood stream and this in turn causes the arteries to harden and thicken and leads to coronary disease of the heart. Other authorities consider that the evidence does not support the theory of a single or major dietary cause of coronary disease. A more acceptable suggestion is that relative over-consumption of food associated with reduced physical exercise may be one of several causes of the disease. The advice given in a leading article on the subject in the British Medical Journal is worth noting - that is "to eat in moderation and avoid getting overweight and that until we have more precise information on the relationship between diet and coronary disease there is no need for the middle-aged man to forego his breakfast of eggs and bacon in favour of cereal and skim milk".

#### INFECTIOUS DISEASES

##### GENERAL

With the exception of measles, the incidence of infectious diseases generally was below the average during 1957, both in this District as well as the rest of the country. Poliomyelitis and pneumonia were the two diseases which showed an increased incidence in the country generally; pneumonia notifications increasing in the last quarter of the year following the autumn influenza outbreak. The number of cases of diphtheria continued to fall, only 201 being notified in England and Wales compared with 51,000 cases in 1941, the year immunisation started. One may recall that twenty-five years ago the small village of Wield experienced a serious outbreak of diphtheria with 22 cases but fortunately no deaths.

## MEASLES

235 cases were notified, a complementary increase to the small number of cases in the previous year. Over 200 cases were in children under 10 years of age and 9 cases were under one year of age. Most of the cases occurred during the second quarter of the year.

## WHOOPING COUGH

There were even fewer cases of whooping cough than in the previous year - 37 compared with 43; figures which are about half those of previous years and possibly this reduction is in part accounted for by the increasing number of children being immunised against whooping cough with the combined or triple antigens.

## SCARLET FEVER

12 cases of scarlet fever were reported; 4 during the first quarter, 6 during the second quarter and 1 for each of the succeeding quarters. Of the 12 cases, 7 were boys and 4 girls, with ages varying from 3 years to 14 years, and one was an adult.

## POLIOMYELITIS

Although only 1 case of poliomyelitis was notified in the District, 8 other cases occurred (these latter being notified from Winchester as the cases were diagnosed in hospital there). The first case occurred on the 1st of August. All the cases were in the Ropley and Four Marks parishes; 2 were paralytic and 7 non-paralytic. Five families were involved and no contact could be traced between them. In four of the families only one case occurred; in the remaining family 5 non-paralytic cases occurred. Stool samples were taken from family contacts; all the parents gave negative results except two who were actual cases. In two families all the child contacts proved to have poliomyelitis type I virus in their stools. In two other families where there were no young children under the age of 12 none of the contacts had poliomyelitis virus in their stools. In the one other family the twin sister of the case showed poliomyelitis type I virus in her stools; in this case the positive result was only obtained seven weeks after the stool sample was sent to the laboratory. In one family all four children were still positive two weeks after a first positive stool was obtained but a sample three weeks later was negative, i.e., approximately five weeks elapsed before stools were negative. In one other family all eight children were positive for three weeks after a first positive stool was obtained and most were negative in another three weeks, i.e., approximately six weeks elapsed before stools were negative and one child was still positive after six weeks, having had a negative stool once in between. These findings are in line with those given in a recent report by the Public Health Laboratory Service on examination of home contacts of poliomyelitis when it was found that the younger the contact the more likely was virus to be found in the faeces and the conclusion was arrived at that most members of the family were infected at about the same time but that only one of them developed the clinical disease rather than that the original case of poliomyelitis in a family gave rise to infection in other members of the family.

The poliomyelitis vaccination campaign introduced in 1956 was continued. Those children who were originally registered before 31st March, 1956, but not selected for vaccination in that year, were vaccinated towards the latter part of 1957, either by their own family doctor or by me in my capacity as Assistant County Medical Officer. By the end of the year 131 children had been vaccinated.

In May, registration was accepted for children in the following age groups, (1) those born in 1955, (2) born in 1956, (3) born in the years 1947 to 1954 who had not been registered before, and priority was to be given to the children born in 1955 and 1956 who were registered before 22nd July, 1957. In December the scheme was extended to cover the following groups, (1) Children born in the years 1943 to 1957, (2) Expectant mothers. This extension was made possible by the Government importing supplies of American and Canadian Salk vaccine for use together with the British vaccine. The imported vaccine is receiving the same stringent tests in this country as the British vaccine receives and is passed as satisfactory for use. This additional vaccine has provided an opportunity of giving earlier protection than would otherwise be possible to children who might contract the disease, so that by the summer of 1958 it is hoped to offer vaccination to all children under 15 and to expectant mothers.

#### FOOD POISONING

Only 2 cases of food poisoning were notified during the year, a family outbreak caused by salmonella typhi-murium. The vehicle of infection could not be determined.

Salmonella infection is the outstanding cause of food poisoning in this country. According to the Report of the Chief Medical Officer to the Ministry of Health for 1956, when 18,500 cases came to notice of food poisoning incidents due to known causes salmonella constituted 44% of general outbreaks, 94% of family outbreaks and 99% of sporadic cases. Animal sources are the main reservoirs of salmonella infections; egg products, especially duck eggs, frequently contain salmonella. The vehicle of infection is often processed and made-up meats which are dangerous because of the time which elapses between the preparation and consumption of the food. Made-up meat dishes and other vulnerable foods, e.g., meat pies, stews, trifles, custards, can act as ideal breeding grounds for any dangerous germs that gain access and if kept at a warm temperature the germs multiply rapidly. This, however, can be prevented if the food after being cooked is rapidly cooled and then placed in a refrigerator until required, instead of being left at room temperature and eaten cold or warmed up the next day.

Storage of food in a refrigerator prevents the multiplication of dangerous germs. The important foods which we need to refrigerate are all meats before and after cooking, made-up meat and fish products, milk, cream, and liquid egg products. Unfortunately domestic refrigerators are still regarded more as a luxury than a necessity and until recently a heavy purchase tax undoubtedly prevented the householder from looking on a refrigerator as a normal essential item of kitchen equipment. In fact, if it is a question of a television set or a refrigerator, the former would generally be considered the more valuable and useful.

## INFLUENZA

From April onwards public interest, and at times apprehension, was focussed on the onward march of a Far Eastern influenza epidemic which was characterised by great infectivity and relative mildness, first reported from Hong Kong and Singapore and soon to be known as "Asian 'flu", eventually spreading to all continents. Influenza is not notifiable and my knowledge as to the extent of the disease in the District depended on information from schools and from the Ministry of Pensions and National Insurance office which notified me when the sickness benefit claims increased by 30% over the figures for the previous week or were double the average weekly figure for the period April 4th to December 4th, 1956. The first report of cases in the District came from an Army camp where troops arrived by air from Tripoli on 24th August and twenty-four hours later went down with influenza, Group A influenza virus being isolated from some of the cases. School children and middle-aged adults seemed to be particularly affected. A preventive vaccine was made available to medical and nursing staff.

## TUBERCULOSIS

Ten new cases of pulmonary tuberculosis and four of non-pulmonary tuberculosis were notified during the year. The four latter cases compare with an average of four for the period 1952-56 and three for the period 1947-51. Only one of the non-pulmonary cases had infection of the neck glands - a person aged 31 years who had the disease before arriving in the District; two were genito-urinary cases and one a case of skin tuberculosis. Three deaths were recorded from tuberculosis - one was a case aged 57 who had tuberculosis of the hip at the age of 7 and eventually developed the disease in the chest and spine and who came to the District in 1955. Another case who had the disease in an inactive form died from an accompanying respiratory disease.

The age and sex distribution of the notified cases is:-  
(with the deaths shown in parenthesis)

<u>Age</u>	<u>Pulmonary</u>		<u>Meninges &amp; C. N. S.</u>		<u>Other</u>	
	M.	F.	M.	F.	M.	F.
5 - 14	-	-	-	-	-	-
15 - 24	-	1	-	-	-	-
25 - 44	3	3(1)	-	-	1	1
45 - 64	2(1)	1(1)	-	-	1	1
65 and over	-	-	-	-	-	-
Totals:-	10		-		4	

These notification figures represent an approximate incidence rate of 35 per 100,000 of the population for the respiratory form and 14 per 100,000 for the non-respiratory form which may be compared with the rate of 59 per 100,000 and 9 per 100,000 respectively for the County of Hampshire in 1956. The Chief Medical Officer to the Ministry of Health in his 1956 Annual Report comments that the distribution of respiratory tuberculosis in any generation is determined during its early years so that the extent of the disease in the upper age groups was determined thirty or more years ago. The absence of cases in the lower age groups is thus a welcome feature.

#### PROPHYLACTIC IMMUNISATION SCHEMES

These continue to be of ever increasing importance, their need not being lessened by the absence or reduction in incidence of the disease concerned. Diphtheria is the classic example of a disease almost banished by immunisation; in 1957 there were only 201 cases in the country, almost a twentyfold reduction from 1948. In this District no case has occurred in the past eleven years. In order to eradicate the disease it is considered necessary to ensure the immunisation of not less than 75% of babies before their first birthday. With this end in view, in this District the parents of every child are contacted when the child is four months old and again at five years old and ten years old and they are invited to have their children immunised either by their own doctor or at clinics. In 1957 51% of babies in the District were immunised before their first birthday.

Multiple immunisation has been gradually coming into more general use. In 1955 a combined scheme of diphtheria and whooping cough immunisation was started in the County and in 1956 provision was made by the County Council for the use of a triple antigen to protect against diphtheria, whooping cough and tetanus, and it is unfortunate that the Central Health Services Council has had to advise that antigens should in general preferably be used separately in view of the Medical Research Council's reports on neurological lesions in relation to inoculation.

The number of children protected is shown in the following table:-

(I) Number of children who completed a course of primary immunisations and who received reinforcing injections.									
Ages	Diphtheria only		Diphtheria & Whooping Cough		Whooping Cough only		Triple Antigen		
	Prim	Bstr	Prim	Bstr	Prim	Bstr	Prim	Bstr	
Under 1	8	-	88	-	-	-	123	-	
1 - 4	8	7	45	-	4	1	27	3	
5 - 14	52	74	5	21	7	1	2	10	
Totals:-	68	81	138	21	11	2	152	13	

To assess the extent to which children in this area have been protected, the proportion of children of each age who have received at some time or other a course of injections against diphtheria as well as the ages at which the course was received, must be taken into consideration. Therefore, the immunisation stage is shown in the following table by (a) age at inoculation, and by (b) age attained:-

(II) Number of children at 31.12.57 who had completed a course of immunisation at any time between 1.1.43 and 31.12.57.					
Age at 31.12.57, i.e., born in year	Under 1 1957	1-4 53-56	5-9 48-52	10-14 43-47	Total under 15 yrs.
Last complete course of injections 1953-57.	67	1202	1527	1334	4130
1952 or earlier.	-	-	839	1869	2708
Totals:-	67	1202	2366	3203	6838

#### VACCINATION

It is pleasing to be able to record that the state of primary infant vaccination in the District is relatively good. A total of 369 babies under twelve months of age were vaccinated. There were 430 births during the year so that the equivalent of 85.8% of the children born were vaccinated. This figure can be compared with that of 68.5% for the County of Hampshire for the same year and with that of 38.4% for England and Wales for 1956. The acceptance rate for infant vaccination varies enormously in different parts of the country; from 8.7% in Rutland, 66.5% in East Sussex and 74.9% in the County Borough of Canterbury.

The following table gives details of the age groups:-

Age at which vaccinated	Primary Vaccinations	Re- Vaccinations
Under 1 year	369	-
1 - 4 years	21	6
5 - 14 years	19	12
15 years & over	22	54
Totals:-	431	72

## NATIONAL ASSISTANCE ACT, 1948 (Section 47)

No action was called for under Section 47 although the winter months again brought to notice the elderly person, living alone, who needs help. Often it is the neighbours or the rent collector who first draws my attention to such cases, fearing the risk of fire. More than once I have seen an old lady warming her hands over a small paraffin stove stood on a table or chair. Usually Section 47 action is not indicated immediately, more often than not the services of a home help are refused and I find are only accepted when the individual feels too weak to hold out any longer. One facet of this problem in some instances is the lack of sink drainage in a number of houses; having to carry all waste water out of the house is a never ending task for some housewives and for the elderly and infirm can prove an intolerable burden.

### BRUCELLA INFECTION IN MILK

Following receipt of a report that Brucella abortus had been found in a bulk sample of milk taken at a milk depot outside the District from a T.T. herd in the District, an investigation was carried out by the Public Health Laboratory to try to ascertain which cows were infected. Milk ring testing of 18 churns gave positive results in 14 of the churns; 11 showing +++, 2 showing ++ and one +. The 22 cows whose milk gave negative results in the 4 other churns were then sampled individually and 7 of them gave a positive ring test, two being +++, one ++ and 4 +. All these proved to be negative to a biological test. Later individual samples were taken from the cows whose milk had given positive results in the churn samples and 14 gave a +++ result, five gave ++ and two were +. From pooled samples of these positives three groups showed the presence of Brucella abortus on biological test, and on further investigation 8 cows were found to be excreting Brucella abortus in their milk at the time of sampling.

The development of safe milk from tuberculin tested cattle has lessened the risk of transmitting tuberculosis but has possibly increased the insidious danger of brucella infection conveyed by T.T. unpasteurised milk and the risk is greater in rural areas where untreated milk is more commonly drunk. The only satisfactory preventive measure is to ensure that all milk is pasteurised.

### HOUSING

It is of general interest to know the as yet unmet demands in the District in regard to housing and I am indebted to Mr. E. C. A. Shuttleworth, the Housing Manager, for the data used in the compilation of this paragraph of the Report.

At present there are 194 families on the waiting list for re-housing. Of the 21 parishes only 6 have more than 5 families wanting re-housing, the biggest demand being in Whitehill (62 families) followed by Headley (31 families), Four Marks (24 families) and Bentley (22 families). Of the 194 families 59 live either in rooms or with relations - a definite indication of housing shortage. 103 families live in cottages or houses - those in cottages are either in service or tied ones or in old cottages and want better accommodation. Those in houses are either in property too large for their needs or old property and want smaller and better accommodation. Only 7 families now living in caravans are on the waiting list.

## CARAVANS

Caravans nowadays present a problem for most local authorities to a greater or lesser extent. It has been estimated that the caravan population in the country now approaches a quarter of a million and is being added to annually by some 30,000 - not decreasing as had been hoped in some quarters with the gradual overcoming of the housing shortage. This form of mobile living seems to have become a feature of modern life in this country.

In this District caravans can be classified as (a) individual caravans, often placed on a building site for use whilst a dwelling is under construction or near a detached house and used to house some members of the family and not a problem from the Public Health point of view. (b) proprietary caravans on authorised sites, used purely for holiday and week-end camping - also not a problem.

(c) moveable dwellings used temporarily during the hop picking and potato lifting season - a problem getting less year by year as more hop picking machines are coming into use.

(d) permanent encampments; some have been in existence before the present law controlling moveable dwellings was introduced in 1936. There are five such encampments in the Bordon-Whitehill area; two of the sites are licensed for 12 caravans each, one for 6 caravans, one for 3 moveable dwellings and one for 2 moveable dwellings.

The type of van used varies from proprietary type caravans to 'bus bodies, ex-army vehicles and wooden sheds. Their size varies from 10 ft. 6 in. long to 22 feet long; all are about 6 ft. wide. Some are occupied by single persons, others by married couples, mostly with children. The water supply is either from brick-lined wells or standpipe from the main supply. Sanitary accommodation is by means of pail closets but on one encampment there are water closets connected to the sewer. Some of the families have been on the site for a short time, a few others have been there for many years, one woman has been on the site for 56 years. One of the encampments is situated near a number of houses and anonymous letters have been received at times about it, inspired presumably by the view that such an encampment would depreciate the value of property nearby.

But the problem of control of caravans and caravan sites is not an easy one. Sections 268 and 269 of the Public Health Act, 1936, give certain limited powers and it is doubtful whether these sections were designed for dealing with settled camps of long standing. Whether caravans are an amenity or a menace depends, I think, on the viewpoint of the individual interested. They undoubtedly meet a need but they also need to be controlled. There has been a demand in some quarters for further legislation to give greater powers to local authorities to deal with caravans used as permanent housing particularly to lay down standards for overcrowding. Some play has been made in recent correspondence in the local press on the terms used by the Planning Authority in refusing approval to caravans - "sub-standard housing" and "detrimental to the amenities of the locality" "How can", they say, "a proprietary caravan, equipped with all modern devices, be called sub-standard?" but it is not the caravan that is sub-standard as such but when compared with a house. It is when one sees a family of five children living in a caravan that one realises how inadequate such accommodation is for a young growing family.

## PROVISION OF GENERAL HEALTH SERVICES OF THE AREA

Since 1954 there has been in the County a scheme of devolution to District Health Sub-Committees of certain functions of the National Health Service Act, 1946.

Membership of the No. 7 (Alton) District Health Sub-Committee is as follows:-

Chairman of Sub-Committee ... Mrs. E. J. Champney

Vice-Chairman ..... Mrs. C. P. Thomson-Glover

### MEMBERS

#### - Alton Rural District Council Representatives -

Lady Bonham-Carter	Miss A. M. Littlejohn
The Hon. Mrs. T. Brand	Mrs. N. S. Ryder
Mrs. H. M. Cumberbatch	Countess of Selborne

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#### - Alton Urban District Council Representatives -

Mrs. C. Kerridge	Mrs. C. Harckham
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#### - Nursing Association Representatives -

Mrs. G. Coke (Bentley)
Mrs. I. M. Durham (Grayshott)

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#### - Special Nominees -

The Hon. Mrs. V. L. Gilmour, O. B. E., T. D. (Medstead)
Mrs. H. H. Sheldon (Alton) (Resigned October, 1957)

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#### - County Council Representatives -

Brigadier E. W. Rogers
Lieut-Col. R. M. Digby, M. B. E.

---

#### - British Medical Association -

Alan F. Goode, Esq., F. R. C. S.
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## AMBULANCE FACILITIES

The Ambulance Service is conducted by the County Council who supply monthly details of journeys to the Public Health Committee. The ambulances for the area are stationed at Alton.

Applications for the use of ambulances are made to:-

The Aldershot Ambulance Station,  
(Telephone:- Aldershot 2244)

## CHILD WELFARE

Child Welfare Centres are situated throughout the District at the following places and on the dates and times given. These centres are for the attendance of mothers and babies, and children under five. Activities at the clinics, at which a doctor and nurse attend, include advice on feeding and child management, immunisation, weighing and the distribution of welfare foods and certain medicaments.

Centres for children under the age of 5 years are available as follows:-

<u>Centre</u>	<u>Address</u>	<u>Day of clinic per month</u>	<u>Time</u>
Alton	Assembly Rooms	Every Tuesday	2-4 p.m.
Bentley	Memorial Hall	3rd Wednesday	2-4 p.m.
Binsted	Institute	4th Wednesday	2-4 p.m.
Bordon	Military Welfare Centre	Every Thursday	2-4 p.m.
Four Marks	Institute	1st and 3rd Wednesdays	2-4 p.m.
Froyle	Methodist Hall	1st Friday	11 a.m. -12 noon.
Grayshott	Village Hall	1st Friday	2-4 p.m.
Headley	Village Hall	2nd & 4th Fridays	2-4 p.m.
Kingsley	Cadet Hut	3rd Friday	3-4 p.m.
Longmoor	Military Welfare Centre	2nd & 4th Mondays	2-4 p.m.
Oakhanger	Village Hall	3rd Friday	2.15- 2.45 p.m.
Selborne	Village Hall	2nd Wednesday	2-4 p.m.
Whitehill	Men's Club	2nd & 4th Thursdays	2-4 p.m.

## NATIONAL WELFARE FOODS

National Welfare Foods are distributed from the following centres in the Alton Rural District:-

<u>Centre</u>	<u>Time of Opening</u>
BENTLEY: Bentley Post Office, London Road.	Business hours.
BENTLEY: Child Welfare Centre, Memorial Hall.	3rd Wednesday in month from 2 p.m.
BINSTED: Child Welfare Centre, The Institute.	4th Wednesday in month from 2 p.m.
BORDON: Child Welfare Centre, Medical Inspection Room, The Barracks.	Every Thursday from 2 p.m.
EAST TISTED: Mr. Budd, The Stores.	Business hours.
FARRINGDON: Messrs. W. & L. Burr, Stores & Post Office.	Business hours.
FOUR MARKS: Mr. Tomlinson, The Post Office.	Business hours.
FROYLE: Child Welfare Centre, Methodist Hall.	1st Friday in month from 11 a.m.
GRAYSHOTT: Child Welfare Centre, Village Hall.	1st Friday in month from 2.30 p.m.
HEADLEY: Child Welfare Centre, Village Hall.	2nd & 4th Fridays in month from 2 p.m.
KINGSLEY: Child Welfare Centre, Cadet Hut.	3rd Friday in month from 3 p.m.
LASHAM: Mrs. Collins, The Post Office.	Business hours.
LINDFORD: Mr. Pears, Cross Road Store.	Business hours.
LONGMOOR: Child Welfare Centre, Medical Inspection Room, The Barracks.	2nd & 4th Mondays in month from 2.30 p.m.
LOWER FROYLE: Messrs. E. Wheatley & Sons, Froyle Stores.	Business hours.
MEDSTEAD: Women's Institute.	Every Monday from 2.30-4.0 p.m.
OAKHANGER: Child Welfare Centre, Village Hall.	3rd Friday in month from 2.15-2.45 p.m.
ROPLEY: Mrs. Knowles, Coffee Rooms.	1st Friday in month from 2-4 p.m.
SELBORNE: Child Welfare Centre, Village Hall.	2nd Wednesday in month from 2 p.m.
WEST TISTED: Mr. Bayley, Post Office Stores.	Business hours.
WHITEHILL: Child Welfare Centre, Men's Club.	2nd & 4th Thursdays in month from 2 p.m.
WIELD: Mrs. G. J. Baker, 2 Manor Farm Cottages, Upper Wield.	By arrangement.

## HEALTH VISITING

The following are the Health Visitors and the areas which they serve:-

<u>Name</u>	<u>Address</u>	<u>District</u>
Mrs. J. E. Morrow, S. R. N., S. C. M., H. V.	13 Whitedown, Alton. (Phone: Alton 2097)	Alton, Chawton, Farringdon.
Miss A. M. Knapp, S. R. N., S. C. M., H. V.	161a London Road, Holybourne. (Phone: Alton 2829)	Bentley, Binsted, Frith End, Froyle, Headley, Headley Down, Holybourne, Kingsley, Lindford, East & West Worldham, Rowledge.
Miss V. Gawthorp, S. R. N., S. C. M., H. V.	No. 1 Bungalow, Infant Welfare Centre, Bordon. (Phone: Bordon 369)	East Tisted, Grayshott.
Miss I. K. Brown, S. R. N., S. C. M., H. V.	No. 2 Bungalow, Infant Welfare Centre, Bordon. (Phone: Bordon 292)	Bordon, Hollywater, Longmoor, Standford, Whitehill.
Miss E. M. May, S. R. N., S. C. M., H. V.	22 Gosling's Croft, Selborne. (Phone: Selborne 219)	Blackmoor, Newton Valence, Oakhanger, Selborne.
Miss M. C. Tate, S. R. N., S. C. M., H. V.	The School House, Bishop's Sutton, Alresford. (Phone: Alresford 3197)	Four Marks, Medstead, Ropley, West Tisted.
Miss D. McKenzie, S. R. N., S. M. B(1), H. V.	c/o Hampshire County Council Health Centre, Bramblys Grange, Basingstoke. (Phone: Basingstoke 1877)	Bentworth, Lasham, Shalden, Wield.

## HOME HELP SERVICE

A scheme of domestic help is available. The helpers are experienced women carefully chosen for their suitability for the work. They will run the home carefully, their job being to take over the housewife's work.

Home Helps are available for the following types of cases:- when the housewife is sick or has to have an operation; when a new baby is expected; when several members of a household are ill at one time; and to give help to the elderly and infirm.

Application for a Home Help, accompanied by a medical certificate, should be made to the District Organiser. The charge depends on the hours worked and the income of the family after certain allowances have been made.

Division VI includes the Rural District of Alton and the Divisional Organiser now has her office at the Town Hall, Petersfield (Telephone No:- Petersfield 771/773 - Ext. 18), to whom application should be made for a Home Help.

## LABORATORY FACILITIES

Bacteriological examinations of clinical matter (sputum, swabs etc.) and of water, milk and foodstuffs are carried out at the Public Health Laboratory, Royal Hampshire County Hospital, Winchester.

Chemical analyses of water, sewage, milk and other samples are carried out by arrangement with the Public Analyst, Portsmouth.

Thanks are expressed to the Director of the Public Health Laboratory Service and the Public Analyst, Portsmouth, for their ready advice and assistance granted during the year.

## ANTE-NATAL CLINICS

Clinics are held every Thursday at Alton General Hospital.

The medical officers attending the Alton clinics at the end of the year were as follows:-

1st Thursday -	Dr. W. S. Larcombe.
2nd Thursday -	Dr. T. C. Wilson.
3rd Thursday -	Dr. Helen E. Larcombe.
4th Thursday -	Mr. A. F. Goode.

Ante-natal relaxation classes were commenced at the Military Families Health Centre, Bordon, on 3rd June, 1957.

Classes are held on alternate Monday and Tuesday afternoons.

## SCHOOL HEALTH SERVICES

Clinics are held as follows:-

Orthopaedic	- Lord Mayor Treloar Hospital.
Ear, nose and throat	- Alton General Hospital.
Dental	- At Schools.
Ophthalmic and orthoptic	- Alton General Hospital.
Child guidance	- Health Centre, Winchester.
Speech therapy	- Alton General Hospital.

## TUBERCULOSIS

Clinics are held at Aldershot, Basingstoke and Winchester, whilst sanatoria are available at Bishopstoke, Chandler's Ford, Liphook and Alton (Henry Gauvain Hospital and Lord Mayor Treloar Hospital).

## VENEREAL DISEASES

Clinics are held at Aldershot and Winchester.

## AREA WELFARE OFFICER

The Area Welfare Officer is Mr. C. Hemsley, whose office is at Manor Park House, Aldershot. (Telephone No:- Aldershot 2341).

His assistant is Mr. P. H. Dean, County Council Health Centre, Bramblys Grange, Basingstoke. (Telephone No:- Basingstoke 2109).

MIDWIFERY AND HOME NURSING

These services are administered as follows:-

District served.	Nurse.	Service given.
Alton Chawton East Tisted Farringdon	Mrs. M. A. Staples, S.R.N., S.C.M. 6 Edward Road, Alton. (Tele: Alton 2379)	Midwifery & general nursing.
Bentley Binsted E. & W. Worldham Froyle Holybourne Kingsley	Miss M. Poole, S.R.N., S.C.M., Q.N. 10 Babs Field, Bentley. (Tele: Bentley 3158) (Resigned 19.12.57)	Midwifery & general nursing.
Barford Bramshott Chase Grayshott Headley Common Headley Down Hearn	Miss M. A. Cuff, S.C.M. Nurse's Cottage, School Road, Grayshott. (Tele: Hindhead 409)	Midwifery & general nursing.
Arford Bordon Bordon Camp Deadwater Headley Lindford Standford Wishanger	Mrs. D. E. Stephens, S.R.N., S.C.M. 57 Church Fields, Headley. (Tele: Headley Down 2158)	Midwifery & general nursing.
Bentworth Four Marks Lasham Medstead Shalden	Miss J. M. Young, S.R.N., S.C.M. 3 Green Stile, Medstead. (Tele: Medstead 2100)	Midwifery & general nursing.
Ropley (included in area of nurse for Bramdean, Winchester RDC)	Miss V. Douglas, 16 Wood Lane Close, Bramdean. (Tele: Bramdean 240)	Midwifery & general nursing.
Blackmoor Empshott Hartley Mauditt Newton Valence Oakhanger Selborne Whitehill (South)	Miss E. M. May, S.R.N., S.C.M., H.V.Cert. 22 Gosling's Croft, Selborne. (Tele: Selborne 219)	Midwifery & general nursing & health visiting.

## PART II

STATISTICAL TABLES

(Table 1)

## STATISTICS OF THE AREA

As at 31st December, 1957.

Area, in acres	..	..	..	..	..	..	..	65,526
Total estimated home population (including military)	..	..	..	..	..	..	25,750	
Number of inhabited houses	..	..	..	..	..	..	6,429	
Rateable value	..	..	..	..	..	..	£267,841	
Product of the penny rate 1956-57	..	..					£1,163	
Product of the penny rate 1957-58	..	..					£1,089	

## VITAL STATISTICS

(Table 2)

## BIRTHS

Total Population		1953	1954	1955	1956	1957
		25,000	25,000	25,200	25,700	25,750
Live Births Legitimate	Male	129	138	131	137	144
	Female	210	201	190	203	187
	Total	339	339	321	340	331
Live Births Illegitimate	Male	50	44	44	46	45
	Female	19	17	15	18	14
	Total	69	61	59	64	59
Total Live Births		458	447	436	451	430
Live Birth Rate per 1,000 Total Population		18.0	18.0	17.7	17.5	16.9
England and Wales		15.0	14.9	15.0	15.0	15.0

Still Births Legitimate		1953	1954	1955	1956	1957
Still Births Legitimate	Male	3	6	5	3	5
	Female	3	5	5	3	3
	Total	6	11	10	6	8
Still Births Illegitimate	Male	0	0	0	2	0
	Female	0	0	0	1	0
	Total	0	0	0	3	0
Total Still Birth		6	11	10	9	8
Still Birth Rate per 1,000 Births (Live & Still)		13.0	15.7	15.0	18.5	18.0

Comparability Factor is 1.16, so the adjusted birth  
Rate for this District is 19.4 which is the figure for  
comparative purposes with England and Wales.

VITAL STATISTICS

(Table 3)

DEATHS

From all causes		1953	1954	1955	1956	1957
	Male	117	128	133	120	131
	Female	104	104	106	102	98
	Totals	221	232	239	222	229
Death Rate per 1,000 total population		8.8	9.4	9.5	8.6	8.8
Average for England & Wales total population		11.4	11.3	11.7	11.7	11.5

The Death Rate Comparability Factor for this District is 1.10, allowance thus being made for local differences in the sex and age distribution of the population.

The adjusted Death Rate for this area is, therefore, 9.7.

VITAL STATISTICS

(Table 4)

INFANT MORTALITY

Deaths under 1 year of age. (legitimate)		1953	1954	1955	1956	1957
	Male	8	8	6	7	4
	Female	5	4	3	6	1
Deaths under 1 year of age. (illegitimate)	Male	0	0	0	0	0
	Female	7	0	0	0	0
<b>Totals:-</b>		6	12	9	13	5
Infant Mortality Rate per 1,000 live births.		30.3	26.8	21.6	28.8	11.6
England & Wales Rate per 1,000 live births.		26.8	25.5	24.9	23.8	23.0

NEO-NATAL MORTALITY

Number of Deaths of infants under 4 weeks of age. (legitimate)		1953	1954	1955	1956	1957
	Male	2	4	3	4	2
	Female	3	2	1	4	1
<b>Totals</b>		5	3	4	8	3

Attention is drawn to the fact that these rates for the Rural District owing to the small numbers involved are not statistically significant and rate comparisons with other areas or earlier years is misleading.

(Table 5)

ANALYSIS OF CAUSES OF DEATH

	Diseases	Male	Female	Total
1.	Tuberculosis, respiratory	..	1	2
2.	Tuberculosis, other	..	0	0
3.	Syphilitic disease	..	0	0
4.	Diphtheria	..	0	0
5.	Whooping Cough	..	0	0
6.	Meningococcal infections	..	0	0
7.	Acute poliomyelitis	..	0	0
8.	Measles	..	0	0
9.	Other infective and parasitic diseases	..	0	0
10.	Malignant neoplasm, stomach	..	4	1
11.	Malignant neoplasm, lung, bronchus	..	8	2
12.	Malignant neoplasm, breast	..	0	4
13.	Malignant neoplasm, uterus	..	0	1
14.	Other malignant & lymphatic neoplasms	..	13	13
15.	Leukaemia, Aleukaemia	..	0	0
16.	Diabetes	..	0	0
17.	Vascular lesions of nervous system	..	15	21
18.	Coronary disease, angina	..	27	10
19.	Hypertension with heart disease	..	3	3
20.	Other heart diseases	..	8	9
21.	Other circulatory disease	..	8	6
22.	Influenza	..	1	2
23.	Pneumonia	..	5	3
24.	Bronchitis	..	9	1
25.	Other diseases of respiratory system	..	3	2
26.	Ulcer of stomach and duodenum	..	4	1
27.	Gastritis, Enteritis and Diarrhoea	..	0	0
28.	Nephritis and Nephrosis	..	1	2
29.	Hyperplasia of Prostate	..	1	0
30.	Pregnancy, Childbirth and Abortion	..	0	1
31.	Congenital malformations	..	2	0
32.	Other defined and ill-defined diseases	..	10	8
33.	Motor vehicle accidents	..	4	0
34.	All other accidents	..	3	4
35.	Suicide	..	1	2
36.	Homicide and operations of war	..	0	0
All causes ..		131	98	229

(Table 6) THE SEX AND AGE DISTRIBUTION OF DEATHS

Age	Male	Female
Under 1 year	4	1
1 - 9 years	4	1
10 - 19 years	4	0
20 - 29 years	7	2
30 - 39 years	3	5
40 - 49 years	4	3
50 - 59 years	14	7
60 - 69 years	30	17
70 - 79 years	31	27
80 - 89 years	28	28
90 - 99 years	2	7
	131	98
Total:-		229

(Table 7) PREVALENCE OF INFECTIOUS DISEASES

The following is an analysis of the infectious diseases which were notified during the year, with the four preceding years for comparison:-

Disease	Totals for				
	1953	1954	1955	1956	1957
Scarlet Fever	26	11	6	17	12
Whooping Cough	115	75	74	43	37
Acute poliomyelitis (paralytic)	3	0	1	0	1
Acute poliomyelitis (non-paralytic)					
Measles	329	144	432	47	235
Diphtheria	0	0	0	0	0
Acute pneumonia	14	26	8	4	10
Dysentery	0	0	1	1	3
Typhoid & para- typhoid fever	0	0	0	0	0
Erysipelas	2	0	0	3	1
Meningococcal infection	0	1	0	0	0
Meningitis, unspecified	0	1	0	0	0
Food poisoning	1	0	6	1	2
Puerperal pyrexia	2	1	2	3	2
Ophthalmia neonatorum	0	0	1	0	1
 Totals:-	492	259	531	119	304

THE RURAL DISTRICT OF ALTON

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A N N U A L R E P O R T

OF THE

CHIEF PUBLIC HEALTH INSPECTOR

AND

BUILDING SURVEYOR

FOR THE YEAR

1957

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S A N I T A R Y C I R C U M S T A N C E S

O F T H E A R E A

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REPORT OF  
THE CHIEF PUBLIC HEALTH INSPECTOR  
AND  
BUILDING SURVEYOR

1957.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

There are piped main supplies in every Parish of the District. These supplies, from the Wey Valley Water Company and the Mid Wessex Water Company, have been satisfactory throughout the year both in regard to quantity and quality.

Samples of water from the main supplies are regularly taken for analysis by the Water Undertakers themselves.

Other domestic supplies in the District are from wells, springs and underground rain water storage tanks, from which samples for analysis were taken during the year as follows:

For bacteriological analysis..... 28.  
For chemical analysis . . . . . 1.

RESULTS:-

bacteriological... satisfactory -- 13.  
" unsatisfactory -- 15.

chemical . . . . . satisfactory -- 1.  
unsatisfactory -- 0.

With regard to the 15 unsatisfactory samples, 2 were in connection with a supply from a well contaminated through defects in the domestic drainage system. The defects were remedied and subsequent samples were found satisfactory.

The other 13 unsatisfactory samples were all in connection with an isolated area supplied from wells. The users of the water were all advised to boil the water before consumption and the Council have arranged for an extension of main supplies to serve the properties.

Subsequent upon departmental action, 7 properties were connected to mains supplies.

The following indicates the number of properties and the approximate population in each Parish served by main water:-

PARISH	AREA (acres)	No. of HOUSES	HOUSES SUPPLIED	ESTIMATED POPULATION SUPPLIED
Bentley	2483	263	261	780
Bentworth	3763	195	179	540
Binsted	7799	524	370	1110
Chawton	2194	149	102	310
East Tisted	2621	71	44	130
Farringdon	2105	172	138	410
Four Marks	1502	478	401	1200
Froyle	4641	228	214	640
Grayshott	901	472	446	1340
Headley	4771	953	812	2440
Kingsley	1540	141	118	350
Lasham	1797	47	44	130
Medstead	2809	448	290	870
Newton Valence	2069	88	39	120
Ropley	3704	428	270	810
Selborne	4830	366	274	820
Shalden	2160	133	115	340
West Tisted	2356	66	32	100
Whitehill	5509	1018	838	2510
Wield	2104	74	60	180
Worldham	3868	115	103	310
<b>TOTALS:</b>	<b>65526</b>	<b>6429</b>	<b>5150</b>	<b>15440</b>

#### DRAINAGE

Connection of domestic premises to the Council's sewers continued satisfactorily during the year.

In the Whitehill area, 48 new connections were made, making a total of 401 properties connected. In addition to the above, 292 Council houses are connected.

In the Holt Pound area, a further 13 private connections were made, making a total of 61 in all.

Work on the scheme for the sewerage of the Parish of Headley was completed during the year and a total of 63 private properties were connected, in addition to a Council estate of 72 houses.

There was also an increase in the number of new septic tank installations in the unsewered areas.

## HOUSING ACTS.

Number of houses demolished as a result of formal procedure.	4.
Number of houses demolished by owners voluntarily.....	5.
Number of houses rendered fit as a result of formal action.....	7.
Number of houses rendered fit as a result of informal action. ....	46.

## RURAL HOUSING.

The following table shows the number, etc., of houses which have been improved with the aid of improvement grants under the Housing Act 1949 as amended:

	1950	1951	1952	1953	1954	1955	1956	1957	TOTALS.
Number of formal approvals granted	21103	233221	21						110
Number of houses in approved applications.	3105	385933	36						175
Number of houses in completed schemes.	0212	36145	39						153
Estimated cost of works.	£467	578	2484	1544	31022	19959	22641		£93,597
Amount of grant approved.	732	12417547	14275	14275	9035	10878			£44,097
Average cost of work per house.	489	496	496	525	604	628			£534
Average grant per house	£244	289	578	248	273	302			£252
Approved applications cancelled by applicants.	-	000	02	1					£1439

1950 - applicant refunded grant upon letting house furnished.  
1954 - applicant proceeded without grant.  
1955 - applicant did not proceed with work.  
1956 - applicant did not proceed with work.  
1957 - applicant proceeded without grant.

## MOVEABLE DWELLINGS.

During the year 14 new licences were issued for moveable dwellings, the position at the end of the year being as follows:-

For sites:- 10 licences in respect of 54 dwellings.  
1 licence in respect of 50 dwellings for  
week ends and holidays only.

Individual :- 38 licences in respect of 38 dwellings.

Total:- 49 licences in respect of 92 dwellings plus 50  
for holidays.

The above figures show a decrease over the previous year of 9 licences and 8 dwellings.

Visits were made regularly to all the above to ensure the maintenance of sanitary conditions.

## INSPECTION AND SUPERVISION OF FOOD.

There are no slaughterhouses in the District.

The following foodstuffs were inspected in shops and stores and surrendered for condemnation:-

Meat.	78	tins.
Vegetables	15	tins.
Fish.	1	tin.
Milk.	3	tins.
Soup.	3	tins.
Fruit	29	tins.
Sundry.	4	packets.
Pork.	42	lbs.

In addition to the above, consequent upon a fire in a village retail shop, a considerable quantity of foodstuffs was inspected for damage and contamination by fire, water, smoke and foam extinguishers and condemnations made on the following: -

Meat, vegetables and fruit . . . . .	43	tins.
Biscuits . . . . .	54½	lbs.
Cereals. . . . .	120	packets.
Sundry . . . . .	65	packets
Cheese . . . . .	8	lbs.
Sweets . . . . .	7½	lbs.
Chocolate confectionery . . . . .	160	bars

Thirty-six food premises are registered under Section 16 of the Food and Drugs Act, 1955, for the sale of ice cream, etc.

There are no ice cream manufacturers in the District and no clean food organisation exists.

#### FOOD AND DRUGS ACT, 1955.

This Act came into operation on 1st January 1956, consolidating previous legislation.

Regulations made under this Act as to food hygiene also came into operation on 1st January 1956, taking the place of Section 13 of the Food and Drugs Act, 1938, as regards rooms in which food is handled and adding a number of new provisions in respect of the hygienic handling of food and the construction and maintenance of premises, stalls, vehicles, etc. where food is handled.

#### FOOD HYGIENE REGULATIONS, 1955.

A memorandum on the provisions of the above was circulated to the occupiers of all food premises in the District and inspections were made, commencing with cafes and restaurants.

Generally speaking, all premises inspected comply with the requirements of the Regulations except in minor respects and full compliance was obtained by informal action.

The number of food premises in the area are as follows:-

Bakehouses	5
Bakers' shops	1
Butchers	14
Cafes	15
Chemists	3
Clubs	17
Confectioners	5
Fishmongers	2
Food warehouses	1
General stores	70
Greengrocers	3
Hotels	2
Public houses	45
School kitchens	21
Wine merchants	2
Dairies	3
Sweet factory	1
Mobile canteen	1.

Sampling of food for adulteration is carried out by the Hampshire County Council and I am indebted to Mr. C.O. Perry, Chief Inspector, Weights and Measures, Hampshire County Council for the following information which he has supplied: -

3 samples of butter and other fats	-	genuine.
2 samples of drugs	.. . . . .	- genuine.
6 samples of sausage meat and fish products	.. . . . .	- genuine.
6 samples of spirits	.. . . . .	- genuine.
8 samples other foods	.. . . . .	- genuine.

As regards milk, 61 samples were taken for analysis with the following results:-

ordinary milk - 49 samples - satisfactory.  
average 3.79% fat and  
8.61% solids not fat.

Channel Island milk - 12 samples - satisfactory.  
average 4.85% fat and  
9.11% solids not fat.

## MILK

All milk sold in the District is now pasteurised, sterilised or tuberculin tested. The following shows the number of designated milk licences granted during the year by the Council -

### Pasteurised milk.

Pasteurising licences	.. . . . .	0.
Dealers's licences	.. . . . .	4.
Supplementary licences	.. . . . .	5.

### Sterilised milk.

Sterilisers's licences	.. . . . .	0
Supplementary licences	.. . . . .	4.

### Tuberculin Tested milk.

Dealers's licences	.. . . . .	3
Supplementary licences	.. . . . .	6.

Twenty-two samples of milk were taken by the Council's Public Health Inspectors and submitted for examination for efficiency of pasteurisation. All samples were found satisfactory.

## PETROLEUM ACTS.

Eighty-three licences were issued during the year for the storage of petroleum spirit.

All new installations were inspected and routine visits made to others.

The Petroleum Spirit (Conveyance by Road) Regulations 1957 came into force on 1st July 1957 and Regulation 16 covers precautions to be taken in the delivery of petroleum spirit into storage tanks. There are requirements for the numbering of storage tanks and corresponding dip-sticks and for the prevention of overflows and escapes of petroleum.

Also, Attention is being given to the collection of information regarding the proportion of the Regulations and Conditions inspections made to ensure confidence.

Also during the year, the Home Office issued a model code of practice for the extraction and licensing conditions for the supply of petroleum spirit at petrol filling stations.

The main variations on the usual practice in connection with the installation of underground storage tanks are for the surrounding of tanks in concrete and the subjection of all tanks to an external air pressure test.

The main variations on licensing conditions are for the future periodical testing of all tanks by air pressure and the display of a warning notice near pumps as regards smoking.

All new tanks installed subsequent to the issue of the code have complied with the new requirements and all current storage licences include the new conditions.

#### HOP PICKERS ACCOMMODATION

Machinery for cutting hops were installed by 3 more growers during the year, raising a total of 7 machines in operation. The number of visitors and huts used again declined.

During the year, 8 huts and 20 encampments and 1 tented encampment only were in use. Routine inspections of the above were made to ensure compliance with the bye laws.

#### PREVENTION OF DAMAGE BY PESTS ACT 1964

The Council's Health Officer carried out general inspections and treatments throughout the District as follows:-

	Type of Property				
	Council	Private	Agri.	Other	Total
Number of properties in district	0	5055	652	56	6657
Number of properties inspected	0	259	54	62	341
Number of properties infested	0	178	149	31	327
Number of properties treated	0	151	0	22	152

NOTE: Council houses are included under column "private".

Disinfestations on properties not treated by the Local Authority are carried out by the occupier upon advice from the rodent operator or by contract with commercial undertakings.

The above tables relate to the number of properties inspected and/or treated and not to the number of actual inspections or visits made which were as follows:-

Council properties.....	114
Dwelling houses (private).....	371
Agricultural premises.....	572
Business and other premises.....	125
Total number of visits.....	1282

There were no takes from test baits laid in 29 manholes (10% of the total number) to the sewers in the Parish of Whitehill during June, indicating that the system was clear of rats.

#### FACTORIES ACTS.

The following particulars are those prescribed on the administration of the above Acts:-

Inspections for Purposes of Provisions as to Health.

Premises	Registered	Inspections
Factories in which Sections 1-4 & 6 are to be enforced by Local Authorities.	9	5
Factories not included in above in which Section 7 is enforced by Local Authorities.	49	32
Other premises in which Section 7 is enforced by Local Authorities, excluding out-workers premises.	86	86

Written notices were served in respect of the following:-

Want of cleanliness.....	1
Insufficient sanitary accommodation....	1
Defective sanitary accommodation.....	1.

#### BUILDING BYE LAWS AND PLANNING.

The number of new private dwellings erected by private enterprise during the year was 75.

There are 21 temporary building licences in force, none issued during the year. These buildings are all regularly inspected.

The total number of plans deposited with the Council during the year was as follows:-

New dwellings, private.....	86
Alterations and additions.....	62
Conversions and adaptations.....	17
Domestic garages.....	70
Domestic drainage.....	164
Farm and other buildings.....	22
Sheds and stores.....	16
Planning only.....	241
Total number of plans deposited.....	<u>678</u>

I am indebted to the Council's Engineer, Mr. John Blackwell, M.I.Mun.E., M.R.S.H., Chartered Municipal Engineer, for the following information with respect to Local Authority housing, sewerage and public cleansing.

Public cleansing was transferred from the Public Health Department to the Engineer's Department during 1954.

#### HOUSING.

The number of dwellings provided by the Council as at 31st December 1957 was as follows:

Pre-war dwellings, permanent.....	62
Post-war temporary bungalows.....	116
Post-war dwellings, permanent.....	<u>706</u>
Total number of dwellings.....	<u>884</u>

During the year, 8 new permanent Council houses were completed.

#### SEWERAGE.

Part of the Parish of BENTLEY is sewered, the effluent being treated by broad land irrigation.

The Holt Pound area of the Parish of BINSTED is sewered, the sewers connecting up to the system of the Farnham Urban District Council for treatment.

The greater part of the Parish of WHITEHILL is sewered, with discharge into treatment works at Lindford. These works also receive the sewage from Bordon Military Camp.

An extension from the Whitehill sewers serves the Council's housing estate at HEADLEY.

Work on the scheme for the sewerage of the Parish of HEADLEY was completed during the year, discharge being into the treatment works at Lindford.

Generally, the larger Council housing estates where sewers are not available are provided with estate treatment works.

Sewage was received and treated at the works at Lindford at the rate of an estimated average flow of 380,000 gallons per day.

## PUBLIC CLEANSING.

All public cleansing work is carried out by the Council's own vehicles and staff.

A general scheme of full refuse collection operates throughout the District. Weekly collections are made in the Parishes of Grayshot and Whitchill, the remainder being served fortnightly. The Council also undertake a weekly collection of refuse from married quarters in the Bordon and Longmoor Military Camps, together with regular removal of refuse from unit incinerators, approximating 90 cubic yards per week.

The Council's refuse vehicles averaged a total of 3242 miles per month, collecting an average per month of 2263 cubic yards of refuse.

Salvage of wastepaper realised a total of 15 tons 18 cwts.

Disposal of refuse is by means of controlled tipping at various tips throughout the District. The main tip was on Council land at Bordon.

Cesspools and septic tanks were emptied upon request throughout the District as follows:-

Private properties.....	1146 loads.
Council properties.....	<u>334 loads</u>

Total number of loads..... 1480.

Nightsoil collections are made in defined areas of the various Parishes, some twice weekly and some once weekly.

The cesspool and nightsoil vehicles averaged a total of 2641 miles per month.

The Council maintains public conveniences at Bordon and Grayshot.

The Council's vehicle depot in Amery Street, Alton was given up and accommodation for vehicles was provided at the Council Offices at Barton End.

There was some restriction of refuse collection services during the Suez crisis due to the shortage of petrol supplies.



